

STUART RABNER  
ATTORNEY GENERAL OF NEW JERSEY  
Division of Law, Fifth Floor  
124 Halsey Street  
P.O. Box 45029  
Newark, New Jersey 07101

**FILED**

February 28, 2007

**NEW JERSEY STATE BOARD  
OF MEDICAL EXAMINERS**

By: Tara Adams Ragone  
Deputy Attorney General  
(973) 648-7093

STATE OF NEW JERSEY  
DEPARTMENT OF LAW & PUBLIC SAFETY  
DIVISION OF CONSUMER AFFAIRS  
STATE BOARD OF MEDICAL EXAMINERS

IN THE MATTER OF THE SURRENDER OF  
THE LICENSE OF:

DENNIS HALL, M.D.  
License No. MA05282500

TO PRACTICE MEDICINE AND SURGERY  
IN THE STATE OF NEW JERSEY

Administrative Action

CONSENT ORDER GRANTING  
VOLUNTARY SURRENDER  
OF LICENSE

This matter was opened to the New Jersey State Board of Medical Examiners (hereinafter the "Board") upon receipt of a report from the Professional Assistance Program of New Jersey ("PAP") that Dennis Hall, M.D., a participant in the Alternate Resolution Program administered by the PAP under the auspices of the Impairment Review Committee ("IRC") of the Board, on or about November 29, 2006 self-reported to the PAP that he had relapsed into his abuse of alcohol. Dr. Hall had voluntarily ceased practicing medicine on or about November 27, 2006.

**CERTIFIED TRUE COPY**

Dr. Hall now seeks leave to voluntarily surrender his license to practice medicine and surgery in the State of New Jersey without prejudice and in accordance with the terms of this Order.

The Board finding the within disposition adequately protective of the public health, safety, and welfare, and other good cause having been shown,

IT IS, therefore, on this 26<sup>th</sup> day of February, 2007,

ORDERED AND AGREED THAT:

1. Dennis Hall, M.D., is hereby granted leave and immediately shall surrender his license to practice medicine and surgery in the State of New Jersey for a minimum period of six (6) months, retroactive to November 27, 2006 when he stopped practicing medicine.
2. Prior to any restoration of his New Jersey medical license, Dr. Hall shall:
  - a. Appear before the IRC to discuss his readiness to reenter the practice of medicine. At that time, Dr. Hall must be prepared to propose his plans for future medical practice in New Jersey and affirmatively establish his fitness, competence, and capacity to reenter the active practice of medicine and surgery in New Jersey.
  - b. Provide the Board with evidence that he is capable of discharging the functions of a licensee in a

- manner consistent with the public's health, safety, and welfare and that at that time he is not suffering from any impairment or limitation resulting from his use of alcohol or any other addictive substance that could affect his practice.
- c. Provide the Board with discharge summaries from any in-patient programs in which Dr. Hall participated and/or reports from each and every mental health professional, including, but not limited to, psychologists, counselors, therapists, and/or psychiatrists, who has participated in Dr. Hall's care and/or treatment for the disability in this matter from on or about November 27, 2006 to the date of his appearance before the IRC.
  - d. Provide the Board with a report from the PAP detailing the nature and extent of his involvement with that entity at that time, including, but not limited to, the specific terms of its monitoring plan for Dr. Hall.
  - e. Provide the Board with a full account of his conduct from November 27, 2006, on or about when he ceased practicing medicine, up to and including the date of his appearance before the IRC pursuant to this Order.

3. Dr. Hall shall comply with the attached "Directives Applicable to Any Medical Board Licensee Who Is Disciplined or Whose Surrender of Licensure Has Been Accepted," which Directives are incorporated herein by reference.

STATE BOARD OF MEDICAL EXAMINERS

Sindy Paul, MD  
Sindy Paul, M.D., President

I have read and understood the foregoing Order and agree to be bound by its terms. Consent is hereby given to the Board to enter this Order. I understand that this Order has serious professional and legal import, and I have decided to enter into this agreement without legal counsel.

Dennis Hall  
Dennis Hall, M.D.

1/25/06  
Date

**DIRECTIVES APPLICABLE TO ANY MEDICAL BOARD LICENSEE  
WHO IS DISCIPLINED OR WHOSE SURRENDER OF LICENSURE  
HAS BEEN ACCEPTED**

**APPROVED BY THE BOARD ON MAY 10, 2000**

All licensees who are the subject of a disciplinary order of the Board are required to provide the information required on the addendum to these directives. The information provided will be maintained separately and will not be part of the public document filed with the Board. Failure to provide the information required may result in further disciplinary action for failing to cooperate with the Board, as required by N.J.A.C. 13:45C-1 et seq. Paragraphs 1 through 4 below shall apply when a license is suspended or revoked or permanently surrendered, with or without prejudice. Paragraph 5 applies to licensees who are the subject of an order which, while permitting continued practice, contains a probation or monitoring requirement.

**1. Document Return and Agency Notification**

The licensee shall promptly forward to the Board office at Post Office Box 183, 140 East Front Street, 2nd floor, Trenton, New Jersey 08625-0183, the original license, current biennial registration and, if applicable, the original CDS registration. In addition, if the licensee holds a Drug Enforcement Agency (DEA) registration, he or she shall promptly advise the DEA of the licensure action. (With respect to suspensions of a finite term, at the conclusion of the term, the licensee may contact the Board office for the return of the documents previously surrendered to the Board. In addition, at the conclusion of the term, the licensee should contact the DEA to advise of the resumption of practice and to ascertain the impact of that change upon his/her DEA registration.)

**2. Practice Cessation**

The licensee shall cease and desist from engaging in the practice of medicine in this State. This prohibition not only bars a licensee from rendering professional services, but also from providing an opinion as to professional practice or its application, or representing him/herself as being eligible to practice. (Although the licensee need not affirmatively advise patients or others of the revocation, suspension or surrender, the licensee must truthfully disclose his/her licensure status in response to inquiry.) The disciplined licensee is also prohibited from occupying, sharing or using office space in which another licensee provides health care services. The disciplined licensee may contract for, accept payment from another licensee for or rent at fair market value office premises and/or equipment. In no case may the disciplined licensee authorize, allow or condone the use of his/her provider number by any health care practice or any other licensee or health care provider. (In situations where the licensee has been suspended for less than one year, the licensee may accept payment from another professional who is using his/her office during the period that the licensee is suspended, for the payment of salaries for office staff employed at the time of the Board action.)

A licensee whose license has been revoked, suspended for one (1) year or more or permanently surrendered must remove signs and take affirmative action to stop advertisements by which his/her eligibility to practice is represented. The licensee must also take steps to remove his/her name from professional listings, telephone directories, professional stationery, or billings. If the licensee's name is utilized in a group practice title, it shall be deleted. Prescription pads bearing the licensee's name shall be destroyed. A destruction report form obtained from the Office of Drug Control (973-504-6558) must be filed. If no other licensee is providing services at the location, all medications must be removed and returned to the manufacturer, if possible, destroyed or safeguarded. (In situations where a license has been suspended for less than one year, prescription pads and medications need not be destroyed but must be secured in a locked place for safekeeping.)

### **3. Practice Income Prohibitions/Divestiture of Equity Interest in Professional Service Corporations and Limited Liability Companies**

A licensee shall not charge, receive or share in any fee for professional services rendered by him/herself or others while barred from engaging in the professional practice. The licensee may be compensated for the reasonable value of services lawfully rendered and disbursements incurred on a patient's behalf prior to the effective date of the Board action.

A licensee who is a shareholder in a professional service corporation organized to engage in the professional practice, whose license is revoked, surrendered or suspended for a term of one (1) year or more shall be deemed to be disqualified from the practice within the meaning of the Professional Service Corporation Act. (N.J.S.A. 14A:17-11). A disqualified licensee shall divest him/herself of all financial interest in the professional service corporation pursuant to N.J.S.A. 14A:17-13(c). A licensee who is a member of a limited liability company organized pursuant to N.J.S.A. 42:1-44, shall divest him/herself of all financial interest. Such divestiture shall occur within 90 days following the entry of the Order rendering the licensee disqualified to participate in the applicable form of ownership. Upon divestiture, a licensee shall forward to the Board a copy of documentation forwarded to the Secretary of State, Commercial Reporting Division, demonstrating that the interest has been terminated. If the licensee is the sole shareholder in a professional service corporation, the corporation must be dissolved within 90 days of the licensee's disqualification.

### **4. Medical Records**

If, as a result of the Board's action, a practice is closed or transferred to another location, the licensee shall ensure that during the three (3) month period following the effective date of the disciplinary order, a message will be delivered to patients calling the former office premises, advising where records may be obtained. The message should inform patients of the names and telephone numbers of the licensee (or his/her attorney) assuming custody of the records. The same information shall also be disseminated by means of a notice to be published at least once per month for three (3) months in a newspaper of general circulation in the geographic vicinity in which the practice was conducted. At the end of the three month period, the licensee shall file with the Board the name and telephone number of the contact person who will have access to medical records of former patients. Any change in that individual or his/her telephone number shall be promptly reported to the Board. When a patient or his/her representative requests a copy of his/her medical record or asks that record be forwarded to another health care provider, the

licensee shall promptly provide the record without charge to the patient.

## **5. Probation/Monitoring Conditions**

With respect to any licensee who is the subject of any Order imposing a probation or monitoring requirement or a stay of an active suspension, in whole or in part, which is conditioned upon compliance with a probation or monitoring requirement, the licensee shall fully cooperate with the Board and its designated representatives, including the Enforcement Bureau of the Division of Consumer Affairs, in ongoing monitoring of the licensee's status and practice. Such monitoring shall be at the expense of the disciplined practitioner.

(a) Monitoring of practice conditions may include, but is not limited to, inspection of the professional premises and equipment, and inspection and copying of patient records (confidentiality of patient identity shall be protected by the Board) to verify compliance with the Board Order and accepted standards of practice.

(b) Monitoring of status conditions for an impaired practitioner may include, but is not limited to, practitioner cooperation in providing releases permitting unrestricted access to records and other information to the extent permitted by law from any treatment facility, other treating practitioner, support group or other individual/facility involved in the education, treatment, monitoring or oversight of the practitioner, or maintained by a rehabilitation program for impaired practitioners. If bodily substance monitoring has been ordered, the practitioner shall fully cooperate by responding to a demand for breath, blood, urine or other sample in a timely manner and providing the designated sample.